

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

5669

STATE FILE NUMBER

FILED NOV 4 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b
22 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1638 Bennington

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN

Kansas City

d. STREET
ADDRESS

1638 Bennington

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ARTHUR L. BROWNING

4. DATE
OF
DEATH

October 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-20-1885

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Checker

10b. KIND OF BUSINESS OR INDUSTRY

Black Sivals Bryson Butler, Mo.

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Cicero J. Browning

13b. MOTHER'S MAIDEN NAME

Nancy Jane Heckadorn

14. NAME OF HUSBAND OR WIFE

Edith Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Delbert Browning, 1638 Bennington K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

1 day

DUE TO (b)

arteriosclerotic heart disease

5-10 yrs

DUE TO (c)

Cerebrovascular

5-10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe advanced Rheumatoid Arthritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1955 to Oct 19 1963 and last saw her alive on Oct 18, 1963. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Earle G. Sperry M.D.

22b. ADDRESS
227 E College Inay Mo

22c. DATE SIGNED
10/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-21-1963

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Sheil Funeral Home, Kansas City, Mo. 10-21-63

Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Earle G. Sperry MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2 22/8
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 90-2
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

William N. Harris

Licensed Embalmer No. _____

4195

P. O. Address _____

H. C. Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.